

markable, almost unexpected. One sees poor women every month, from all parts of the country, many pronounced incurable, whose lives have been a burden to themselves and all about them, either with cystocele or rectocele, prolapse of the uterus of the very worst kind, or some other grave malady, yet who return home to the country quite cured, the strong muscular arch of the perineum quite renewed, and all the pelvic organs restored to their normal position.

The object of the operation on the 16th, was contraction of the caliber of the vagina generally. By the first step, now so well known, the contraction of the vagina laterally is secured, while the posterior horseshoe incision completed the operation posteriorly. We noticed two deep sutures, which are usually removed on the third day, the interrupted sutures on the fifth day; a bent catheter being secured in the bladder, attached to an India-rubber bag. Much care is observed to keep the woman under the effects of opium, so that the parts shall not be disturbed by the bowels acting.—*Assoc. Med. Journ.*, July 26, 1856.

35. *On the Treatment of Hydrocele of Children.* By Dr. LINHART.—In hydrocele, met with immediately after birth, there is usually a wide communication with the abdominal cavity; and as there is frequently a fold of gut at the upper part of the tumour, it sometimes occurs that hernia and hydrocele alternate—so that two practitioners, called at different times, may give different opinions respecting the case. This form scarcely requires any special treatment, since the serum returns, during the horizontal position, into the cavity of the abdomen, where it is easily resorbed. The only treatment likely to be of any use would be the keeping the neck of the processus vaginalis compressed by a bandage.

It is otherwise when the hernia occurs later after birth, when it is tense, and the communication with the abdomen is either very small or absent, the processus vaginalis being closed above. In the first case, the fluid will often return slowly into the abdomen, although it may occupy six or eight days in so doing; and such cases deceive the attendants of the child into the belief that the means employed have produced the resorption of the fluid. The deception is the more likely, as, in very great narrowing of the upper mouth of the processus vaginalis, which is often more than an inch long, reposition cannot be induced by the taxis. This difficulty of returning the fluid is often mistaken for an impossibility, and unnecessary operations resorted to. Indeed, the diagnosis of complete closure is very difficult. When such closure does exist, the case does not differ from one of ordinary hydrocele of the tunica vaginalis.

The indications of treatment are, the removal of the fluid and the closure of the processus vaginalis. With regard to the first, resorption frequently occurs spontaneously, but it can rarely be influenced by the practitioner. The various stimulants employed for this purpose are inoperative, or may be even hurtful by irritating the scrotal skin. When they seem to have been of avail, an aperture has, in fact, existed. The resorption, however, is remarkably facilitated by a subcutaneous incision of the processus vaginalis, which allows the fluid to become effused into the scrotum, where it is rapidly absorbed. A fold of the scrotum should be raised, and a concave tenotomy knife passed in flat between the scrotal skin and the serous sac, so as to make an incision of from one to one and a half inches in length in the processus vaginalis. Dr. Linhart prefers this to seeking to obliterate the vaginal process by means of pressure applied to its neck, which is either ineffectual or cannot be borne, or to the employment of injections, which at this age are not without danger.—*Ibid.*, from *Froriep's Notizen*, 1856.

36. *Reduction of a Dislocated Femur by Manipular Movements only, three weeks after the Accident—Diagnosis of Dislocations of the Femur.*—R. E., aged 44, a tall and muscular man, by trade a painter, consulted Mr. Wormald, at his own residence, on July 15. He had that morning walked from his own home, a distance of nearly a mile. He stated that three weeks before he had fallen off a wall a height of fifteen feet, and had been lame in his hip ever since. At the time of the accident, he was quite unable to stand, and was carried home to

bed, where his hip was examined by a surgeon, who assured him that it was only sprained. He laid in bed ten days, with the exception of getting up each day to have his bed made. On the eleventh day he got up, and, with the help of a stick, walked down stairs and up again. Since then he had been up daily, and had walked about, but still continued lame. Under these circumstances, he now sought further advice. Having had him stripped, Mr. Wormald examined the part, and at once detected a dislocation into the thyroid foramen, the symptoms of which were very well marked. He advised the man to go into the hospital. On the following day (the twenty-fifth after the accident), reduction was effected in the following manner: The patient, under the influence of chloroform, was laid on his back on a table, a towel for counter-extension being passed round the inside of the hip. The operator then, standing in front of the patient, placed the front of the knee of the affected limb in his own axilla, passing the right arm under the thigh, from within outwards. With the left hand he then grasped firmly the upper part of the displaced bone, at the same time taking his left wrist in his right hand. In this manner, the thigh was firmly held, easily managed, and great force in rotating it and directing its movements could be applied.¹ Mr. Wormald now, bending the thigh on the pelvis, accomplished a rotatory movement outwards. The first few attempts had the effect only of breaking down adhesions, and loosening the bone. Complete reduction was, however, after a short time (about ten minutes) effected, the slipping the head of the bone into its socket being attended by a snap distinctly felt by the operator. The symmetry of the two sides was perfectly restored.

In commenting on this case, Mr. Wormald mentioned one treated by himself some years ago, in which, after a failure in the attempt to reduce by pulleys, he succeeded by the plan just described. The patient was a very muscular man, aged 22, and the bone had been out of place six weeks. The dislocation had originally been on the ilium, but, in the attempt with pulleys, the head of the bone had been thrown into the ischiatic notch, from which all the force that could be applied by them had failed to remove it.

In the case above given, Mr. Wormald pointed out to the students present a sign of dislocation of which no mention is, we believe, made in books. On looking at the limb from the side, the front outline of the thigh (the belly of the rectus) was seen to present a concavity instead of the curved prominence natural to it. The explanation was of course easy, in the circumstance that the bone was thrown backwards, carrying with it the muscles of the thigh.

In a case which occurred some few months ago under his care at Guy's, Mr. Hilton drew attention to a condition which was extremely well marked, respecting which he observed, that although rarely attended to, he believed it to be one of the most useful diagnostic signs in difficult cases. It consisted in the loss of support from behind to the vessels. On pressing the finger on the latter, the existence of a hollow behind them, and the deficiency of that firm support which they naturally possess, was most readily appreciated. This sign would be of great value in those cases in which the difficulty in diagnosis lay between dislocation of the bone and fracture of its neck or shaft high up.—*Med. Times and Gaz.*, August 16, 1850.

37. *Unusual Case of Injury of the Hip; Fracture with Modified or Muffled Crepitus; Detected under the Effect of Chloroform.*—Mr. SKER has had a somewhat remarkable case of fracture in one of his wards, which seemed very puzzling at first, but which is now progressing very favourably. The accident

¹ We have been thus precise in describing the manner of holding the limb, because it is a point to which Mr. Wormald attaches much importance. We believe also with him, that it is the method in which the greatest amount of motor and directing force can be applied with least of inconvenience to the operator. It is not difficult, however, to succeed in the reduction of these dislocations by manipular movements, without attending to any precise rules on this head, the requisite degree of force being easily obtained. Many cases which we have previously recorded have proved this.—J. H.